

Revision: HCFA-PM-91-4 (BPD)
 AUGUST 1991

OMB No. 0938-

State/Territory: NEW MEXICO

Citation 7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

☒ Not applicable. The Governor--

☐ Does not wish to review any plan material.

☐ Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

The New Mexico Human Services Department
 (Designated Single State Agency)

Date: December 12, 1991

Bruce Wey Demeyer
 (Signature)

Director

(Title)

TN No. 91-19

Supersedes

Approval Date

JAN 15 1992

Effective Date

TN No. 87-9

Page 88

HCFA ID: 7982E

STATE <u>NEW MEXICO</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APP'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	